

Ithaca Health Alliance Newsletter

The Healthy Waiting Room

What if a waiting room became a place where we no longer wait for healing, but a place where it begins?

By Melissa Hamilton

When a person seeks medical treatment, healing can begin in the waiting room. Simple changes to a typical waiting room may significantly improve a person's medical treatment experience, and can inspire healing even before consultation takes place.

These changes are important, because the average waiting room can be a sterile, stressful destination for many patients. For example, one waiting room I visited featured a radio playing hard rock music; magazine covers depicting war-torn bodies; large abstract paintings on white walls; and a receptionist impatiently addressing patients while eating behind a Plexiglas window. At a time when a person may be suffering from pain or fear, the waiting room environment can be another obstacle to effective treatment.

In contrast, a consciously designed waiting room can invite one into a healing environment. Another waiting room featured soft lighting, seashore drawings, green plants, and Hayden's music. The receptionist in this area greeted patients with a smile, professional attention, and gave them an estimation of their wait. In a study of parents who visited the waiting room with their children, parents found the waiting stressful because it was seen as prolonging the pain and suffering of their children. According to researchers, "This feeling was alleviated when the parents were notified of the reason for the wait."¹

Although differences may appear to be small, the impact on a patient can be profound, because in moments of stress we are more sensitive to our surroundings and benefit from comfort, reassurance, and distraction. Medical researchers have found that

"...the waiting room might best function not as an area where a captive audience can be bombarded with health promotion messages, but rather as a place for relaxation before consulting a health professional, making patients more receptive to health advice in the consultation."²

Examples of "patient-friendly" waiting rooms include Children's Mercy Hospital in Missouri, where architects designed a whimsical tree and tunnels for children to explore while waiting; Lehigh Valley Health Network in Pennsylvania, where volunteers bring in harps and play live music; and St. John's Mercy Hospital and Emergency Department. At St.

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The Ithaca Health Alliance

The IHA was founded in 1997. Our mission is to facilitate access to health care for all, with a focus on the needs of the un- and under-insured of New York State.

Information about the IHA

is available through the Office Manager at office@ithacahealth.org, 607-330-1253; through the Executive Director at executivedirector@ithacahealth.org, 607-882-9060; or on our website at www.ithacahealth.org. Inquiries can also be made by mail: Ithaca Health Alliance, P.O. Box 362, Ithaca, NY 14851.

ITHACA FREE CLINIC Hours and Operations

Mondays: 2–6 p.m. (walk-ins to MDs, appointments for complementary providers)
Tuesdays: 3–7 p.m. (by appointment only)
Thursdays: 4–8 p.m. (walk-ins to MDs, appointments for complementary providers)
Located at 521 West Seneca Street, Ithaca, NY. (607) 330-1254

The Ithaca Free Clinic is a project of the **Ithaca Health Alliance**. More than 80 percent of our work is completed with volunteer efforts. Whether you're interested in working with the Clinic or the Health Alliance, if you're looking for a volunteer opportunity, call the Office Manager at 607-330-1253 or fill out an application on line, available at www.ithacahealth.org.

Inquiries about volunteering for the Board can be made to Bethany Schroeder at executivedirector@ithacahealth.org. Appointed positions between election cycles are made at the discretion of the Board.

This quarterly newsletter is a production of the Ithaca Health Alliance.



Volunteer of the Quarter

Mary Besemer, RN, has been a volunteer with the Free Clinic since it opened in 2006, spending between two and three shifts in the service of patients every month. A registered nurse for the past 14 years, Mary began by working in local medical offices for a number of local physicians, including Jud Kilgore and Susan Soboroff, both of whom also volunteer at the Free Clinic.

We all agree that what endears Mary to us, besides her tender and competent demeanor, is that we can count on her to cover the extra shift at the last moment. Patients never fail to compliment Mary on her assessments and the caring way she helps in their treatments and education. Many thanks to Mary Besemer for her valuable service to the IFC and the community! ❖



Ithaca Health Alliance Receives Tax-Exempt Designation

In mid-March, we received notification from the IRS that the Ithaca Health Alliance now has 501(c)(3) status, effective 2011, and 501(c)(4) status, effective 2007. For six years we have sought to become a tax-exempt organization in order to be eligible for more public and private funding and to provide greater flexibility for our donors. In short, tax-exempt status promises to open doors to us that until now have been closed. This particular exemption also frees the IHA from the obligation to pay \$75,000 or more in back taxes.

The primary stumbling block with the IRS has been the IHA's membership model. The IRS made it clear to our lawyer and the IHA Board of Directors that we would never receive tax exemption as long as the membership model remained intact. If we didn't change the model, IHA members would be accountable for years of back taxes and would be prohibited from ever accessing financial support for the organization's charitable work. In order to save the Fund in the service of the larger community, we had to agree to disband the membership. The understanding we have reached with the IRS ensures that current members will be served throughout their full membership period while allowing the IHA to raise money for charitable activities such as the Free Clinic and grants to un- and under-insured residents.

IHA memberships, including donated memberships, will no longer be available. All resources allocated for the payment of grants will be used to support members on the rolls at the time of the IRS decision. Once membership periods have fully

expired, no further benefits of membership will be available. In the future, the Fund will be administered through the Free Clinic to those in need of services in one of the grant categories soon to be approved by the Board of Directors. Eligibility criteria for grants are now under consideration. The scope of grant categories will be reviewed so as to yield the greatest likelihood for the maximum good for those who need support.

The Staff and the Board of the IHA will raise funds in order to meet the needs of people who require grants. The IHA will now be able to apply for foundation, state, and federal grants to support the Fund and other IHA programs. We also hope that former IHA members will choose to support this work through personal donations, just as many community members have done in the past. Area residents who are un- and underinsured and income eligible will be able to apply for grants through the Free Clinic, completely without charge. It is likely that preference will be given to Tompkins County resident.

All IHA members will soon receive information about an upcoming meeting to discuss organizational changes. Among other things, this meeting will provide opportunities for clarification of the issues that have led to this outcome. In the meantime, questions can be sent via email executivedirector@ithacahealth.org or by postal mail to the following:

Bethany Schroeder, Executive Director
Ithaca Health Alliance
521 West Seneca Street, Ithaca, NY 14850 ❖

Healthy Waiting Rooms, *from page 1*

John's, the ceiling is painted with accurate astronomical constellations and the walls are lined with aquariums full of tropical fish. Patients have reported that at a time of crisis this is a place of peace for their families while waiting.

While these hospitals have invested considerable resources in improving the waiting room experience, even such simple, inexpensive additions such as plants, soothing music, and art can have a considerable impact on patients. For example, a former NASA scientist who conducted 25 years of research, Dr. Bill Wolverton, found specific indoor plants with the ability to purify air in enclosed environments. In his book, *How to Grow Fresh Air*,³ he describes plants such as English Ivy, Gerbera daisies, Peace Lily, Rubber plant, Spider plant, Sword or Boston fern, and the Weeping fig, with purifying abilities. A simple

pot of Ivy can promote healthy life and air purification as the first step to changing a sterile waiting room. Flowers can also be used to uplift and comfort patients while they wait.

In an informal survey in a variety of waiting rooms, investigators found that television added to stress, especially when people felt unable to control the volume or programming. News programs that repeated tragic events especially intensified discomfort. One possible solution is to offer patients options. Rather than exposing patients to dictated programs at a certain volume, waiting rooms could offer television with closed caption or hygienic headphones on loan from a waiting room desk.

As an alternative to television in the waiting room, the addition of music can change our mood and experience of waiting. Specifically, relaxing music *continued on next page*

Simple, Low-cost Suggestions for Creating Healthy Waiting Rooms:

- 🌿 Provide ongoing training to office staff in 'the service role' (be fully present to patients: emphasizing kindness/respect when collecting details & asking patients how they can be helped to be comfortable)
- 🌿 Change music from 'hard rock' & 'news' to silence or classical or relaxation genres
- 🌿 Replace reading material from magazines with graphic news images of violence to material with humor, nature, & positive stories
- 🌿 Provide comfortable, easy to clean chairs, cold/hot water (tea), and areas to sit privately as needed
- 🌿 Have toys/books available for children (that are easily cleaned daily)
- 🌿 Remove abstract art and rotate original artwork and photography (waterscapes, landscapes, flowers, and positive figurative art)
- 🌿 Provide options to pass time such as crossword & Tavern puzzles, games, Word Finds, Sudoku
- 🌿 Replace bright fluorescent lighting with soft lighting
- 🌿 Bring in live plants that purify air (listed in *How to Grow Fresh Air*)
- 🌿 Replace white walls with blues/greens (researchers have found these colors to be the most visually relaxing)
- 🌿 Assist the injured/disabled to find comfortable seating; offer reclining chair options
- 🌿 Create a waiting environment where physical or mental pain is either reduced or not added to by unnecessary noise, media images, or the impatience of office staff
- 🌿 Change television to closed captions, or loan out hygienic headphones
- 🌿 Ask patients for feedback about waiting room experiences, and provide a box for suggestions
- 🌿 Visit www.waitingspace.com for ideas

causes cells to release endorphins, which suppress pain, and immunoglobulins, which help fight disease. Elements that are perceived by many listeners to be relaxing include a slow and stable tempo (pace or speed), low volume level and soft dynamics, consistent texture (combination of sounds and instruments), absence of percussive and accented rhythms, gentle timbre (sound or tone color), legato (connected) melodies, and simple harmonic or chord progressions.^{4,5,6} “These elements are often found in music composed for relaxation, as well as music classified as new age and classical.”⁷ It should be noted that, while classical music is often used for relaxation, it is a very broad style and descriptor, and can also include music that is very arousing in one or more of the above musical elements.⁸

Artwork is the most visible addition to waiting room walls. The impression it evokes can have a potent impact on patients and staff. In *Putting Patients First*,⁸ researchers described relaxing art in the categories of “Waterscapes (Calm or Non-turbulent Water), Landscapes (with visual depth or open foreground, trees with broad canopy, Savannah Landscapes, verdant Vegetation, or positive cultural artifacts), Flowers (familiar, healthy and fresh, in natural settings with open foreground), and Positive Figurative Art (depicting emotionally positive faces, diverse and leisurely in nature).”⁹ Researchers found that modern and abstract art was less visually relaxing, and could even be disturbing to some people.

Due to the profound benefits from such simple changes to a waiting room, rather than accept the status quo of an environment for collecting data and steeling oneself beneath the chatter of CNN, we can ask for it to be different. Specifically, we can ask that our local waiting room environments nurture patients, and encourage our doctors and dentists, the hospital and specialists, to consider a different way of creating the environment.

Given Ithaca’s reputation as “an enlightened community,” why not “enlighten” our medical community’s waiting rooms through a “Healthy Waiting Room Contest,” where medical professionals could team with artists, musicians, and horticulturists to design the most welcoming and healing waiting rooms in Tompkins County. What if other offices followed suit?

Perhaps the “Best Waiting Room” could make it into the “Best of” in the *Ithaca Times*. Funding should not be a concern, for most of the changes are inexpensive, and could even be achieved through donations or grants. With such initiatives, our waiting rooms could be a model of compassion and healing for the rest of the country—worth replicating, and definitely worth waiting for. ❀

Melissa Hamilton, MA, is a freelance writer and advocate for humane health care.

¹ Bentley J., (2005). Parents in Accident and Emergency: Roles and Concerns. *Accident and Emergency Nursing*. Vol. 13. Issue 3, p. 154-159.

² Wicke, D.E., Lorge, R.E., Coppin, R.J., & Jones, K.P. (1994). The Effectiveness of Waiting Room Notice-Boards as a Vehicle for Health Education. *Family Practice* 11 (3) 292-295.

³ Wolverton, B.C. (1997) How to Grow Fresh Air: 50 House Plants that Purify Your Home or Office: New York, NY: Penguin.

⁴ Radocy, R. E., & Boyle, J. D. (2003). Psychological Foundations of Musical Behavior (4th ed.). Springfield, IL: Charles C. Thomas.

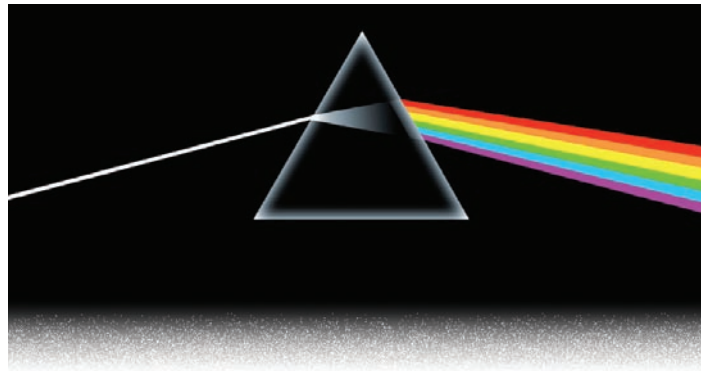
⁵ Staum, S. J., & Brotons, M. (2000). The effect of music amplitude on the relaxation response. *Journal of Music Therapy*, 37(1), 22-39.

⁶ Wigram, T., Pederson, I. N., & Bonde, L. O. (2002). A Comprehensive Guide to Music Therapy. London: Jessica Kingsley.

⁷ Burns, J., Labbe, E., Williams, K., & McCall, J. (1999). Perceived and physiological indicators of relaxation: As different as Mozart and Alice in Chains. *Applied Psychophysiology and Biofeedback*, 24(3), 197-202.

⁸ Frampton, S.B., Gilbin, L., Charmel, P.A. (2003). Putting Patients First: Designing and Practicing Patient Centered Care. San Francisco, CA: John Wiley & Sons.

⁹ Hathorn, K. & Upali N. (2007, May/June) What is Evidence-Based Art? *Facility Care Magazine*. Vol 12. Number 3.



Musicians Pay Tribute to the Legendary Pink Floyd to Benefit the Ithaca Free Clinic Saturday, April 30 • 9pm • \$10 at door

An exciting cast of Ithaca musicians will perform selections from the Pink Floyd catalog at Castaways, 413 Taughannock Blvd., on Saturday, April 30, with all proceeds benefiting the Ithaca Free Clinic.

Rock quintet Ayurveda will perform side one of Pink Floyd's Dark Side of the Moon in full. Joining them on the bill are The Blind Spots, The Cheating Intention, The GunPoets, Hubcap, Not From Wisconsin, and Light Red, a one-night-only band featuring Noah Drew (The Mill Bastards), Brian Dudla (Plastic Nebraska, The Thins), Michael Hunter (The GunPoets) and event organizer Andy Adelewitz (formerly of Armageddon Monks). The benefit concert begins at 9:00 PM and is open to ages 21 and older. Tickets are \$10.00 and available at the door.

Castaways • www.castawaysithaca.com

For more information: Andy Adelewitz, 646-229-9347, andy@adelewitz.com

EDUCATIONAL OPPORTUNITY

On April 27 from 6–8 p.m. at the Ithaca Health Alliance office, Robert Cooper will discuss the advantages of Medical Travel. In 1998, Robert was dropped by his health insurance carrier after paying year after year, despite never having made a claim. He then began to research other options to health care in the U.S. Robert will share his findings, including the varieties and costs of care available in other countries.

Attendance is free but pre-registration is required and space is limited to 20 participants. Call 607-330-1254 to reserve your seat.

FREE CLINIC UPDATE

By Valarie FitzRandolph,
incoming Clinic Coordinator

During the final quarter of 2010, the Ithaca Free Clinic completed a total of 376 patient visits. Now comfortably moved into our new facility at 521 West Seneca Street, the Clinic is well prepared to accommodate continued growth. We continue to work on recruiting volunteer provider and administrative staff to expand availability of services. In particular we are looking for community members who would like to become involved at the Clinic.

The IFC continues to offer pre-employment physicals and well-woman exams once a month by appointment. In addition, we are launching a couple of new cooperative ventures: one with the Ivy Clinic of Arnot Ogden Medical Center to offer HIV Rapid Testing once a month and a quarterly project with the Finger Lakes School of Massage to offer a series of weekly massage visits to existing Clinic patients for management of chronic pain. ❖

ITHACA HEALTH FUND UPDATE

By Rob Brown, Office Manager

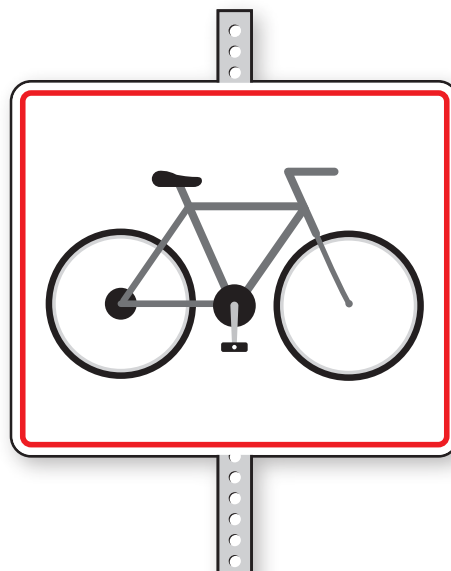
All told in 2010, the Ithaca Health Fund made 111 grants, totaling \$18,123. As always, preventive dental exams were the most common grant award, but the whole range of available grants was in demand for the year. Advocacy conducted by Alliance staff related to catastrophic medical bills facilitated more than \$60,000 in charitable discounts.

The first couple months of 2011 have been very active for the Fund, too. Thirty-three grants, for \$3,596, have been awarded, and include a higher-than-usual number of emergency room visits and major medical events. Advocacy work for these cases is ongoing. ❖

OUTREACH UPDATE

By Andrea Levine,
incoming Outreach Coordinator

As the new Outreach Coordinator, I'm excited to build relationships with our community partners and neighbors. I've been highlighting the work of the Ithaca Health Alliance at the Salvation Army Lunch, Southern Tier Aids Program, Lakeview Mental Health, and Workforce NY. We're building on our presence at Loaves and Fishes with Clinic Nursing Volunteers at Monday lunches and tabling at Tuesday dinners. I look forward to meeting rural farmers and neighbors at community spots and food pantries. Upcoming fundraisers include the Pink Floyd benefit concert on 4/30 at Castaways, a "cup of noodle study break" fundraiser at CU, and more to come! ❖



BIKE RACK AT THE IHA OFFICES

The Ithaca Free Clinic thanks Excellus BlueCross BlueShield for funding the purchase and installation of its new bike rack for patients and clinic volunteers, and to the Human Services Coalition of Tompkins County for its role in securing this grant as part of its community initiative, Creating Healthy Places to Live, Work, and Play. ❖

Reviewed and Compiled by Brooke Hansen and Julia Lapp

The Pros and Cons of Probiotics: The Healthy Bacteria

Bacteria have gotten a bad rap in America for decades and most people think of strategies to fight them, from antibiotics to hand sanitizers. However, bacteria are essential for the proper functioning of multiple body systems, especially the digestive tract. According to the *Harvard Medical School Family Health Guide*, “An estimated 100 trillion microorganisms representing more than 500 different species inhabit every normal, healthy bowel...Gut-dwelling bacteria keep pathogens (harmful microorganisms) in check, aid digestion and nutrient absorption, and contribute to immune function” (www.health.harvard.edu/fhg/updates/update0905c.shtml). The bacteria come from two groups, Lactobacillus or Bifidobacterium. “Within each group, there are different species (for example, Lactobacillus acidophilus and Bifidobacterium bifidus), and within each species, different strains (or varieties). A few common probiotics, such as Saccharomyces boulardii, are yeasts, which are different from bacteria” <http://www.medicinenet.com/probiotics/article.htm>.

Interest in probiotics has surged in recent years, accompanied by numerous studies exploring the efficacy of various probiotics for a myriad of conditions ranging from chronic diarrhea and Crohn’s Disease to allergies, urinary infections, kidney stones, and eczema. The benefits of probiotics, which have been demonstrated for both humans and animals, have been touted from Harvard Medical School to the Mayo Clinic. Commercial advertising has also increased dramatically in the last several years, leaving consumers wondering about the choices for consuming probiotics. Hundreds of different probiotics and multiple ways of ingesting them exist, from foods like yogurt and soy beverages to powders, capsules, and tablet supplements, which may or may not require refrigeration. Researchers have also indicated that the beneficial effects of probiotics may be strain specific, and may even be preparation specific. Potential side effects of probiotics seem to be minimal, mostly consisting of bloating and mild digestive upset. It is

clear that much more research needs to be done, and we should also more closely examine cultures like Japan’s, where people have consumed probiotic foods, drinks, and supplements for decades. Consumers can locate current peer-reviewed research reports on the effectiveness of probiotics and the safety of these supplements on the internet at PubMed and CAM on PubMed. While many informative testimonials can be found on the web regarding specific manufacturers and products, people looking into probiotics for the specific treatment of a health condition or its prevention should consult a healthcare provider knowledgeable on the subject. ❖

Diets High in Trans Fats Linked with Depression

Researchers have known for years that trans fats and saturated fats from animal sources are linked with increased risks of cardiovascular disease. However, a recent Spanish study tracked 12,000 adult men and women for 6 years and found that those who had a higher intake of trans fats also had a 48 percent greater chance of being diagnosed with, or seeking treatment for, depression. Use of butter was also linked to depression, while use of monounsaturated and polyunsaturated fats (i.e., from olives, nuts, avocados, and fish) was linked to a slightly lower risk of depression. Of particular concern is that the study participants who reported more depression and greater trans fat intakes consumed only about 1 percent of their total daily Calories from trans fats. It is estimated that Americans consume approximately 2.5 percent of daily Calories from trans fats, suggesting a possibly higher risk for depression. ❖

Sánchez-Villegas, A., Verberne, L., De Irala, J., Ruiz-Canela, M., Toledo, E., et al. (2011) *Dietary Fat Intake and the Risk of Depression: The SUN Project*. PLoS ONE 6(1): e16268. doi:10.1371/journal.pone.0016268

Brooke Hansen is professor of anthropology at Ithaca College. She and Julia Lapp, assistant professor of nutrition at Ithaca College, are regular contributors.



Beet and Pea Ragout

(adapted from *Vegetarian Times*) Contributed by Clara Bosak-Schroeder

This comforting recipe is excellent year round: use fresh herbs in season, dried in winter. If you can't find golden beets or rutabagas, try young turnips; red beets are good too, if you don't mind pink couscous! For a quick dinner, cook and prep the beets the night before. Serves 4 and scales well.

4 cups vegetable broth or 2 plus 2 cups water and extra salt
 ½ tsp. salt
 10 oz. couscous
 ½ cup fresh parsley, finely chopped, or 1 tsp. dried parsley
 2 Tbsp. olive oil
 3 medium sized golden beets or rutabagas
 4 green onions, coarsely chopped, or 1 minced shallot bulb
 8–10 oz fresh, frozen, or canned peas
 ½ cup chopped fresh mint, minced, or 2 tsp. summer or winter savory
 Parmesan (optional)

Roast beets at 400° degrees in an inch or so of water, tightly covered with tinfoil, for 60–90 min. until tender when pierced by a fork; you may need to add more water during the cooking process. Peel and set aside, reserving the beet juice to enrich the broth. (Beets are easiest to peel straight out of the oven; peel under cool water to protect your fingers.)

Heat 2 cups broth, or 1 cup broth and 1 cup water, and add 1 Tbsp. oil, green onions or shallots, mint or savory, and peas. (If using shallots, you may wish to sauté them before adding the other ingredients.) Cook on low until done, being careful not to overcook the peas. Dice the beets and add them to the ragout.

Bring remaining liquid to a boil. Put couscous, parsley, and 1 Tbsp. olive oil in a large serving dish with ½ tsp. salt (or more to taste). Pour hot broth over mixture, stir to combine, and let sit 10 minutes.

Serve the ragout over the couscous, with parmesan (if desired) on the side.

Clara Bosak-Schroeder is a doctoral candidate in Classics at the University of Michigan and has been an occasional volunteer with the IHA.



Ithaca Health Alliance

PO Box 362

Ithaca, NY 14851

607-330-1253

Find us online at

www.ithacahealth.org



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Spring 2011

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